

<i>SERFF Tracking Number:</i>	<i>FDLT-127286995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49134</i>
<i>Company Tracking Number:</i>	<i>R-02974</i>		
<i>TOI:</i>	<i>H17G Group Health - Prescription Drug</i>	<i>Sub-TOI:</i>	<i>H17G.000 Health - Prescription Drug</i>
<i>Product Name:</i>	<i>Group Indemnity Prescription Drug Rider</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974</i>		

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Indemnity Prescription Drug Rider SERFF Tr Num: FDLT-127286995 State: Arkansas

Drug Rider

TOI: H17G Group Health - Prescription Drug SERFF Status: Closed-Approved-Closed State Tr Num: 49134

Sub-TOI: H17G.000 Health - Prescription Drug Co Tr Num: R-02974 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Jennifer Glaser, Kelly Humiston, Teresa Saling, Kirsten Farmer

Disposition Date: 06/30/2011

Farmer

Date Submitted: 06/24/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Indemnity Prescription Drug Rider

Project Number: Group Indemnity Prescription Drug Rider / R-02974

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust, Other

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Union

Overall Rate Impact:

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Deemer Date:

Created By: Kirsten Farmer

Submitted By: Kirsten Farmer

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Indemnity Outpatient Prescription Drug Insurance

R-02974 – Group Indemnity Outpatient Prescription Drug Rider

SERFF Tracking Number: FDLT-127286995 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 49134
Company Tracking Number: R-02974
TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug
Product Name: Group Indemnity Prescription Drug Rider
Project Name/Number: Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974

We respectfully submit the above form for your review and approval to be used with any group Health product available in your state. This form is new and does not replace any forms previously filed with your state.

This filing is for coverage sold via one-on-one direct agent sales to eligible Groups.

This product provides outpatient prescription drug benefits for prescription drugs purchased at retail pharmacies with an optional benefit for prescription drugs purchased by mail order. The tiers of benefits are variable, but the tier 1 level will always be included.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1143) or e-mail me at jglaser@fslins.com.

Company and Contact

Filing Contact Information

Jennifer Glaser, Sr. Contract Analyst jglaser@fslins.com
3130 Broadway 800-648-8624 [Phone] 1143 [Ext]
Kansas City, MO 64111-2406 816-751-6026 [FAX]

Filing Company Information

Fidelity Security Life Insurance Company CoCode: 71870 State of Domicile: Missouri
3130 Broadway Group Code: 451 Company Type: Life & Health
Kansas City, MO 64111-2406 Group Name: State ID Number:
(800) 648-8624 ext. [Phone] FEIN Number: 43-0949844

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>FDLT-127286995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49134</i>
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<i>Project Name/Number:</i>	<i>Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974</i>		
Fidelity Security Life Insurance Company	\$50.00	06/24/2011	49079010

SERFF Tracking Number: FDLT-127286995 *State:* Arkansas
Filing Company: Fidelity Security Life Insurance Company *State Tracking Number:* 49134
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TOI: H17G Group Health - Prescription Drug *Sub-TOI:* H17G.000 Health - Prescription Drug
Product Name: Group Indemnity Prescription Drug Rider
Project Name/Number: Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/30/2011	06/30/2011

SERFF Tracking Number: *FDLT-127286995* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *49134*
Company Tracking Number: *R-02974*
TOI: *H17G Group Health - Prescription Drug* *Sub-TOI:* *H17G.000 Health - Prescription Drug*
Product Name: *Group Indemnity Prescription Drug Rider*
Project Name/Number: *Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974*

Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FDLT-127286995	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Form	Group Indemnity Prescription Drug Rider	Approved-Closed	Yes

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TOI: H17G Group Health - Prescription Drug Sub-TOI: H17G.000 Health - Prescription Drug

Product Name: Group Indemnity Prescription Drug Rider

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Form Schedule

Lead Form Number: R-02974

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/30/2011	R-02974	Policy/Cont ract/Fratern al	Group Indemnity Prescription Drug Rider	Initial		50.000	R-02974.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

INDEMNITY OUTPATIENT PRESCRIPTION DRUG BENEFIT RIDER

By attachment of this Rider, the {Policy}/{/}{Certificate} is amended by adding the following:

DEFINITIONS

Benefit Period means the period of time when benefits are payable. Unless stated otherwise in the {Certificate} Schedule of Benefits, a Benefit Period is a Calendar Year.

{Benefit Period Maximum} means benefits paid to or on behalf of an Insured Person during a Benefit Period up to the maximum shown in the {Certificate} Schedule of Benefits.}

Brand Name means a drug: 1) approved by the Food and Drug Administration (FDA); and 2) protected by the trademark registration of the pharmaceutical company which produces such drug.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

Formulary means a list, provided by the Company, of Prescription Drugs that are covered under the Policy. The Formulary categorizes Prescription Drugs into tiers.

Generic means therapeutically equivalent drugs as determined by the Food and Drug Administration (FDA) that are identical to the Brand Name drugs in strength or concentration, dosage form and route of administration.

Immediate Family means an Insured Person or an Insured Person's spouse, {Domestic Partner,} parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Legend Drug means any medical substance whose label is required to bear the legend "Caution: Federal Law Prohibits Dispensing Without A Prescription," or a state restricted drug that may not require a prescription under federal law, but does require one under state law.

Medically Necessary means that a Prescription Drug is necessary and appropriate for the diagnosis or treatment of a condition based on generally accepted current medical practice. A Prescription Drug will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

The fact that a Physician may prescribe, order, recommend or approve a Prescription Drug does not, of itself, make the Prescription Drug Medically Necessary.

Non-Participating Pharmacy means a pharmacy that does not participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Participating Pharmacy means a pharmacy that has agreed to participate in a program used by the Company to provide Prescription Drugs in accordance with the provisions of the Policy.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.

Prescription Drug means all Outpatient Medically Necessary medications shown in the Formulary. A Prescription Drug:

1. requires a Physician's written prescription;
2. is dispensed in the name of the Insured Person by a licensed pharmacist;
3. is approved for treatment of the Insured Person's illness or injury;
4. is not specifically excluded under the terms of the Policy; and
5. is not taken while in or administered by a hospital or any other health care facility or office.

{ Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered. }

BENEFITS

The following benefits are payable as shown in the {Certificate} Schedule of Benefits for Outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. {All benefit amounts are subject to the Benefit Period Maximum shown in the {Certificate} Schedule of Benefits.}

Prescription Drugs Purchased at Retail Pharmacy. The Company will pay the benefit shown in the {Certificate} Schedule of Benefits for a covered Prescription Drug.

If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents the Insured Person's Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the {Certificate} Schedule of Benefits.

If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present the Insured Person's Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the Company.

{Prescription Drugs Purchased by Mail Order Participating Pharmacy. If the Insured Person has the Prescription Drug filled or refilled by the Company's approved Mail Order Participating Pharmacy, the benefits are assigned to the Mail Order Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown in the {Certificate} Schedule of Benefits.}

{SCHEDULE OF BENEFITS

{Benefit Period} {Month Day – Month Day} }

{Benefit Period Maximum

{per Insured Person	{\$250 – \$250,000} }
{per family{ * }	{\$500 – \$500,000} }

{* The total family maximum may only be met by a combination of two or more family members.} }

	Benefit	
Prescription Drug Benefit – Retail Pharmacy:		
Tier	Generic	{Brand
Tier 1:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 2:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 3:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 4:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 5:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 6:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{{Tier 7:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{Tier 8:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{Tier 9:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{Tier {10 – 20}:	{\$0 – \$5,000}	{\$0 – \$5,000} {N/A}
{Prescription Drug Benefit – Mail Order Pharmacy:	{1 – 3} times Retail Pharmacy Benefit	{ {1 – 3} times Retail Pharmacy Benefit } {N/A} } }

LIMITATIONS AND EXCLUSIONS

Limitations

{If a Brand Name Prescription Drug is dispensed {solely upon the Insured Person's request} in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the {Certificate} Schedule of Benefits for the Generic alternative.}

{Dispensing Limits and Authorized Refills. Retail Pharmacy: {the {greater} {lesser} of} a 30-day supply {or {100-unit} {specified unit} doses}. {Mail Order Pharmacy: 90-day supply {of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug}.}

Exclusions

The Policy does not provide any benefits for the following:

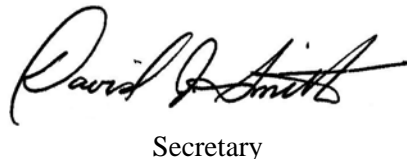
1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications{, unless shown in the Formulary};
3. {all non-Legend Prescription Drugs{, unless shown in the Formulary};}
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. {all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication{, unless shown in the Formulary};}
6. {any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs{, unless shown in the Formulary};}
7. {any drug that the FDA has determined to be contraindicated for the specific treatment;}
8. {drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder;} {or the Insured Person taking part in the commission of a felony;}
9. {drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war;} {or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}
10. {any expenses related to the administration of any drug;}
11. {needles or syringes{,unless shown in the Formulary};}
12. {drugs or medicines taken while in or administered by a hospital or any other health care facility or office;}
13. {drugs covered under Workers' Compensation, Medicare or other Governmental program;}
14. {drugs, medicines or products that are not Medically Necessary;} or
15. {Brand Name Prescription Drugs.}

This Rider takes effect on the {later of the} effective date {of the {Policy}}/{Certificate} to which it is attached} {or {Month Day, Year}} {shown in the Certificate Schedule}. This Rider terminates concurrently with the {Policy}}/{Certificate} to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the {Policy}}/{Certificate} except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY



Richard C. Jones
President



David J. Smith
Secretary

SERFF Tracking Number:	FDLT-127286995	State:	Arkansas
Filing Company:	Fidelity Security Life Insurance Company	State Tracking Number:	49134
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TOI:	H17G Group Health - Prescription Drug	Sub-TOI:	H17G.000 Health - Prescription Drug
Product Name:	Group Indemnity Prescription Drug Rider		
Project Name/Number:	Group Indemnity Prescription Drug Rider /Group Indemnity Prescription Drug Rider / R-02974		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See Attached Attachment: Readability Certification.pdf	Approved-Closed	06/30/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A. This is a Rider only filing Comments:	Approved-Closed	06/30/2011

	Item Status:	Status Date:
Satisfied - Item: Statement of Variables Comments: See Attached Attachment: Statement of Variables.pdf	Approved-Closed	06/30/2011

FIDELITY SECURITY LIFE INSURANCE COMPANY

Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* R-02974

Score = 50



Martha E. Madden
Vice President and General Counsel

June 23, 2011

Date

Explanation of Variables
Form R-02974

Cover Page

Policy/Certificate	One or both, depending on whether the Rider is needed for the Policy only, the Certificate only, or both.
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###	Policy Form Number with which this rider is used.
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Definitions

Certificate	In or out depending upon whether the Schedule is included within the Rider or in the corresponding Certificate.
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Benefit Period Maximum	In or out depending upon whether a Benefit Period Maximum is elected by the Policyholder and/or the Company
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Domestic Partner	In or out depending upon whether Domestic Partners are covered.
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Vacation and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs are covered	In or out depending upon the benefits elected by the Policyholder and/or the Company
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Benefits

Prescription Drugs Purchased By Mail Order Participating Pharmacy	In or out depending on whether Mail Order is an option, as elected by the Policyholder and/or the Company
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Schedule of Benefits

Benefit Period	In or out. Month Day as elected by the Policyholder
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Benefit Period Maximum	In or out as elected by the Policyholder and/or the Company
-------------------------------	---

per Insured Person	In or out depending on whether a Benefit Period Maximum is elected by the Policyholder
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per family*	In or out depending upon whether dependent coverage is elected by the Policyholder and whether there is a family Benefit Period Maximum or if each Insured Person must meet the Insured Person Maximum
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The total family maximum may only be met by a combination of two or more family members.	In or out depending upon if the per family is elected and the benefits elected by the Policyholder and/or the Company
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\$0 - \$5,000, N/A	Either option. Within the range provided as elected by the Policyholder. \$0 is a place card holder and will not be used.
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Tier 2 – Tier 20	In or out depending upon the benefits elected. There will always be at least a Tier 1; however, number of tiers may be greater than 20.
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Prescription Drug Benefit – Mail Order Pharmacy	In or out depending upon whether Mail Order Pharmacy coverage is elected by the Policyholder and/or the Company
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1 - 3	Within the range provided as elected by the Policyholder and/or the Company
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Brand Column	In or out depending upon whether Brand Name Prescription Drugs are covered
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Limitations and Exclusions

If a Brand Name Prescription Drug is dispensed solely upon the Insured Person's request in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Certificate Schedule of Benefits for the Generic alternative	In or out depending on whether Brand Name Prescription Drug is an option, as elected by the Policyholder and/or the Company
solely upon the Insured Person's request	In or out depending upon the benefits elected by the Policyholder and/or the Company
Dispensing Limits and Authorized Refills – Retail:	In or out depending upon the benefits elected by the Policyholder and/or the Company
greater, lesser	Either option is selected depending on the benefits elected by the Policyholder and/or the Company
100-unit, specified unit doses.	Either option is selected depending on the benefits elected by the Policyholder and/or the Company
Mail Order Pharmacy: 90-day supply of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug	In or out depending on whether Mail Order is an option elected by the Policyholder and/or the Company
of a maintenance Prescription Drug or a 30-day supply of any other Prescription Drug	In or out depending on the benefits elected by the Policyholder and/or the Company
unless shown in the Formulary	In or out as elected by the Policyholder and/or the Company
all non-Legend Prescription drugs unless shown in the Formulary	In or out as elected by the Policyholder and/or the Company
all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication unless shown in the Formulary;	In or out as elected by the Policyholder and/or the Company
any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs unless shown in the Formulary;	In or out as elected by the Policyholder and/or the Company
any drug that the FDA has determined to be contraindicated for the specific treatment;	In or out as elected by the Policyholder and/or the Company
drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony;}	In or out as elected by the Policyholder and/or the Company
drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any Armed Forces;}	In or out as elected by the Policyholder and/or the Company
any expenses related to the administration of any drug;	In or out as elected by the Policyholder and/or the Company
needles or syringes unless shown in the Formulary;	In or out as elected by the Policyholder and/or the Company

drugs or medicines taken while in or administered by a hospital or any other health care facility or office;	In or out as elected by the Policyholder and/or the Company
drugs covered under Workers' Compensation, Medicare, Medicaid or other Governmental program;	In or out as elected by the Policyholder and/or the Company
drugs, medicines or products that are not Medically Necessary;	In or out as elected by the Policyholder and/or the Company
Brand Name Prescription Drugs;	In or out as elected by the Policyholder and/or the Company depending upon whether Brand Name Prescription Drugs are covered
Later of the	In or out depending on whether an effective date is used in addition to the Policy/Certificate effective date
of the Policy/Certificate to which it is attached. shown in the Certificate Schedule.	Either option is selected
or Month Day, Year	In or out depending on whether the Rider is added to an existing Policy/Certificate and has a later effective date